

Date:

Number of pages INCLUDING FAX sheet:



FAX

TO	SC DHEC Certification ICF/ID Facilities
FAX #	Bureau of Certification Fax# (803) 545-4292
Mailing	2600 Bull Street Columbia, SC 29201
Courier	301 Gervais St. Columbia, SC 29201

From	
Fax#	
Phone#	
Alternate #s	
Phone#	
Phone#	

INITIAL EVENT NOTIFICATION

Occurrence Date & Day			Time	
Resident Name			SS# Last 4 digits	Unit
				Facility
Brief description of the incident/report				
Statement: The initial ANE Reporting form or Critical Incident Reporting form will be submitted upon completion. A final report will also be submitted upon completion.				
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*If this transmission is incomplete, please call: _____